

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

10706836

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13		1				
14	1					
15		1				
16		1				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	3	←	→	←	→	←
TOTAL CLAIMS	5	████████	████████	████████	████████	████████

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

	←	→	←
	████████	████████	████████